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AUG 09 2006

O I P E I A P T 9

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

910.00

Complete if Known

Application Number	10/652,498
Filing Date	September 2, 2003
First Named Inventor	VON OEPEN, Randolph
Examiner Name	PELLEGRINO, Brian E.
Art Unit	3738
Attorney Docket No.	31698-02080

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Application Filing Fee (large entity): One Month Extension of Time

\$910.00

SUBMITTED BY

Signature		Registration No. 52,207 (Attorney/Agent)	Telephone 858.720.6300
Name (Print/Type)	Franco A. Serafini		Date August 7, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Case Docket No.: 31698-02080

In re application of: VON OEPEN, Randolph Serial No.: 10/652,498
Filed: September 2, 2003 Examiner: PELLEGRINO, Brian E.
For: STENT CATHETER SYSTEM

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11	minus	20	0	x \$25/50	\$ 00.00
INDEPENDANT CLAIMS	1	minus	3	0	x \$100/200	\$ 0.00
MULTIPLE DEPENDANT CLAIMS	<input type="checkbox"/>				\$ 180/360	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 00.00

Check enclosed.
 Charge \$ ____ to Deposit Account No. 50-2298. Two copies of this sheet are enclosed.
 Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 50-2298.

Franco A. Serafini

Franco A. Serafini
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31698-02080
(HO-US005378A)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Randolph VON OEPEN

Application No.: 10/652,498 Confirmation No.: 2721

Filed : September 2, 2003

For : STENT CATHETER SYSTEM

Group Art Unit : 3738

Examiner : Brian E. Pellegrino

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action of March 31, 2006,
Applicant respectfully requests a continued examination and
submits the following amendments and remarks.